PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/817,333			ing Date 02/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN	
					_	MBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
П	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	NUMBER FILED N/A		N/A			N/A	TEE (a)	i	N/A	TEE (8)	
Н	SEARCH FEF	or (c))	N/A		N/A		П	N/A		ı	N/A		
H	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A			N/A		ł	N/A		
TO	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	16 minus 20 =		• 0		П	x \$ =		OR	X \$18 =	0	
	CFR 1.16(i)) EPENDENT CLAIM	IS.					П			OR	_		
	CFR 1.16(h))					the discrete of the discr		x \$ =		ı	X \$86 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	plication entity) fraction	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									]	TOTAL	0	
	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	11/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16(1))	· 15	Minus	<b>~ 20</b>		= 0	П	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	П	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
_		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,18(i))		Minus			-	П	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***			П	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))						П			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.